

# Massachusetts Official Absentee Ballot Application by a Family Member



William Francis Galvin  
Secretary of the Commonwealth

## ***This application is for use by a family member of:***

- A registered voter who will be unable to vote at the polls on Election Day due to:
  - (1) absence from the voter's city or town during normal polling hours; or
  - (2) physical disability preventing the voter from going to the polling place; or
  - (3) religious belief;

### **OR**

- A non-registered voter who is:
  - (1) a Massachusetts citizen absent from the state; or
  - (2) an active member of the armed forces or merchant marines, their spouse or dependent; or
  - (3) a person confined in a correctional facility or a jail, except if by reason of felony conviction.

**Box 5.** Print the voter's date of birth: month, day and year.

**Box 6.** It is optional to provide the voter's telephone number. If the telephone number is included and "unlisted" is not checked, it will be a public record. The telephone number may be used to contact the voter should a question arise concerning the application.

**Box 7.** It is optional to provide the voter's e-mail address. If an e-mail address is included, it will be a public record. The e-mail address may be used to contact the voter should a question arise concerning the application.

**Box 8.** Print your name and relationship to the voter. Be sure that you qualify as a "family member" as defined below.

**Box 9.** Print your address number and street name or rural route number and box number (do not provide a post office box number), apartment number, city or town and full zip code.

**Box 10.** Print today's date.

**Box 11.** Sign your name. Signed under penalty of perjury.

## ***A "family member" must be:***

a spouse or person residing in the same household, in-laws, father, mother, sister or brother of the whole or half blood, son, daughter, adopting parent or adopted child, stepparent or stepchild, uncle, aunt, niece, nephew, grandparent or grandchild.

## ***Mailing instructions:***

This application must be received by noon on the day before the election. This form may be mailed or hand-delivered to your city or town hall. If mailed, fold the form, tape it closed, place a first class stamp on it, print your city or town name and zip code for that city or town hall and drop into any mailbox.

**Warning: Illegal absentee voting, including making a false application, is punishable by a fine of up to \$10,000 and up to five years in prison.**

<b>1</b>	<b>This absentee ballot application is being made for:</b> <input type="checkbox"/> a primary (circle party) <i>Democratic Republican Green-Rainbow United Independent Party</i> <input type="checkbox"/> a preliminary election <input type="checkbox"/> an election <small>date of election</small> _____ <input type="checkbox"/> all elections this year				
<b>2</b>	<b>Full name of voter:</b> _____ <small>last name first name middle name or initial.</small> <small>Miss Ms. Mrs. Mr. Jr. Sr. II III IV (circle one if appropriate)</small>				
<b>3</b>	<b>Voter's legal voting residence:</b> _____ <small>street and number, apt. number city or town ward/precinct (if known)</small> Check if applicable: <input type="checkbox"/> The voter is an active duty service member/dependent family member outside Massachusetts. Check if applicable: <input type="checkbox"/> The voter is living outside the United States and the above address is the voter's last residence in the U.S.				
<b>4</b>	<b>Voter's mailing address (if different than #3):</b> Mail ballot to me at this address: _____ <small>street &amp; number p.o. box, if any city or town state or country zip code</small>				
<b>5</b>	<b>Voter's date of birth:</b> <small>month day year</small>		<b>6</b>	<b>Voter's Telephone (optional):</b> <input type="checkbox"/> Check if unlisted	
			<b>7</b>	<b>Voter's E-mail address (optional):</b>	
<b>8</b>	<b>Your name and relationship to the voter:</b> Printed name: _____ Relationship: _____				
<b>9</b>	<b>Your address:</b> _____ <small>street &amp; number city or town zip code</small>				
<b>10</b>	<b>Today's date:</b> _____ <small>month day year</small>		<b>11</b>	<b>Your Signature:</b> (under penalty of perjury)	

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We, a majority of the Registrars of Voters, certify to the best of our knowledge that the signature on the reverse appears to be genuine and that we believe this applicant is a registered voter, or otherwise eligible to vote, in

\_\_\_\_\_ .  
Ward Precinct

\_\_\_\_\_

\_\_\_\_\_

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*Return to City or Town Clerk or Election Commission. Fold along dotted line and close with tape for mailing.*

\_\_\_\_\_  
name

\_\_\_\_\_  
number and street

\_\_\_\_\_, MA

city or town zip code

Place  
First Class  
Stamp Here

**City or Town Clerk or Election Commission**

**City or Town Hall**

\_\_\_\_\_, MA

YOUR CITY OR TOWN ZIP CODE FOR CITY OR TOWN HALL